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Survivor: Iraq

America's near-invisible wounded.

By Lawrence F. Kaplan

Visiting the Walter Reed Army Medical Center, a sprawling hospital complex in Northwest Washington, the first thing one notices are the young faces. Soldiers in their teens and early twenties sit in the waiting area, baseball caps on their heads, mothers at their sides. The second thing one notices about these young men evacuated from Iraq is that many of them are not whole. Where there should be arms and legs, there are too often only stumps. For all of its contemporary architecture, high-tech wards, and superb physicians, the place has the feel of a Civil War hospital.

Walter Reed is located only a few miles north of the think tanks, government offices, and, yes, magazines that pressed for war in Iraq. But it is a different country altogether. Different because, with the exception of two visits by the president, few of the war's architects have come to see the mangled 19-, 20-, and 21-year-olds on whom they rely to accomplish America's aims abroad. Neither, for that matter, have many news organizations. The New York Times has yet to devote a full article to the subject, unless you count a fictional story by Jayson Blair. Nor have any of the three major newsweeklies. This despite the fact that, nearly every evening, huge C-17 and C-141 transport planes land at Andrews Air Force Base, on the outskirts of Washington, ferrying wounded Americans from military hospitals in Europe. Unlike at Baltimore-Washington International Airport--where soldiers returning on leave navigate their way through crowds of news crews and cameras--flights at Andrews land under cover of darkness, with no TV lights to guide the wounded to waiting ambulances. Instead, their stories have been left to local newspapers in Texas, Georgia, upstate New York, and elsewhere, which convey news of the maimed to hometown readers.

The near-invisibility of the wounded has several sources. The media has always treated combat deaths as the most reliable measure of battlefield progress, while for its part the administration has been reluctant to divulge the full number of wounded. (Pentagon officials have rebuked public affairs officers who release casualty figures, and, until recently, U.S. Central Command did not regularly publicize the injured tally either.) Indeed, with so many injured from so many services being treated in so many places, the Pentagon itself does not possess an exact count. (The Army surgeon general's office has dispatched a team to come up with its own figure.) But even the rough estimates tell a sobering story. According to Central Command, in addition to the nearly 200 Americans killed in action in Iraq since the war began in March, as of last week more than 1,600 Americans have been wounded, more than 1,300 of them in combat.

The numbers tell a truth about the situation on the ground in Iraq--or at least about the Sunni triangle where most of them originate. Every day, Iraqi guerrillas wound an average of nearly ten Americans, many of them grievously. And these are just the ambushes that find their mark. Soldiers back from Iraq tell of coming under fire routinely, and, in recent weeks, about 20 separate attacks on American forces have been reported every day. As a result, the sheer number of wounded soldiers exceeds anything Americans have seen since Vietnam.

Horrifying as it is, the number contains a silver lining as well. The wounded have been maimed. But they have also been saved. During the Second World War, one in every three casualties died. During the Korean, Vietnam, and Gulf wars, the figure declined to one in four. In the present conflict, that number has nearly been halved, to one in eight. This, as much as the types of munitions directed against them, accounts for the large number of injured coming back from Iraq. Put another way, were it not for the advances of the past decade, half the wounded in Walter Reed today would probably be dead.

Specialist Brandon Erickson, a cheerful, round-faced 22-year-old from Grand Forks, North Dakota, offers living proof of how far battlefield medicine has

progressed. Sitting in the physical therapy ward's "apartment," a mock living room and kitchen where amputees relearn the basics of daily life, Erickson recounts his journey to Walter Reed. In February, his National Guard unit, the 957th Multi-Role Bridge Company, was activated, and, in April, just as the assault on Baghdad was winding down, the unit followed the 4th Infantry Division into Iraq. Although Erickson was trained to build bridges, when he arrived at his base camp in Ramadi, west of Baghdad, there weren't any left to build. Instead, he found himself assigned to an MK-2 patrol boat, scouting riverbanks for suspicious vehicles.

Then, on July 22, as he was en route in a truck convoy from Ramadi to Camp Anaconda, north of Baghdad near Balad, Iraqi guerrillas set off a rigged artillery shell in front of Erickson's vehicle. Within seconds, three rocket-propelled grenades slammed into the truck, one exploding on the passenger side of the cab where Erickson sat, his elbow leaning out the open window. As the other vehicles in the convoy sped to a "safe zone," Erickson's first sergeant leapt out of his Humvee and tried to pry the wounded soldier from the wreckage. But the blast had sealed the door, and the truck was still under heavy fire. "Then, I crawled through the driver's side," Erickson says, "got out of his door, and dragged [the driver] behind the tire. When the Humvee drove by again, it stopped, and I jumped in. ... Then they brought me to another Humvee, where a medic did first aid." The truck's driver, another guardsman from North Dakota, died on the spot.

"I was bleeding so bad," Erickson recalls, "they used a wrench to tighten the tourniquet." Within 25 minutes, however, he was being treated at a forward aid station and from there was rushed by helicopter to a larger combat support hospital at Camp Dogwood. "I remember a surgeon asking me if I could feel my fingers, and I tried so hard, but I couldn't feel a thing. My arm was hanging on by muscle tissue. ... When I came out of anesthesia, I looked down, and it was gone." Despite losing his right arm--and half of his blood--Erickson was alive. Later that day, a medevac took him to Baghdad Airport, where he was put on a plane full of wounded soldiers headed for Europe's largest U.S. military hospital, Landstuhl Regional Medical Center in Germany. Doctors operated on Erickson soon after he arrived, cleaning his wound and inserting beads filled with antibiotics. He spent five days at Landstuhl, where "all the rooms were full with wounded." From Germany, Erickson and other injured soldiers were flown on a C-141 to Andrews and then bused to Walter Reed--where, nine weeks, three operations, and one prosthesis later, he remains today.

There was nothing improvised about Erickson's journey. From his first contact with a medic to his arrival at Walter Reed, every level of medical care he passed through had been elaborately choreographed months earlier. In a war where nothing else has proceeded according to plan, the medical-evacuation system has worked exactly as intended.

As throughout modern history, the most important variable in determining a wounded soldier's chances of survival remains the time that elapses between injury and hospitalization. Among those who die on the battlefield, roughly half die within 30 minutes of being wounded. By contrast, if an injured soldier makes it to even a field hospital, the likelihood he or she will survive improves exponentially. From the Civil War through the First World War, wounded soldiers were typically seen by a physician within twelve hours of being injured. During the Second World War, the interval shrunk to six hours. By Vietnam, where medical evacuation by helicopter became the norm, the delay was reduced to as little as 30 minutes.

The standard set by Vietnam has yet to be improved upon. Owing to simple geography and the fact that the Vietnam War lasted a decade--during which American forces erected military hospitals from one end of South Vietnam to the other--the distances between a gunshot wound and an operating room were shorter than before or since. "During Desert Storm," explains Dale Smith, a professor of medical history at the Uniformed Services University of Health Sciences, "the size of the battlefield and the forward movement of American forces made it a much longer trip than in Vietnam." This prompted the Army to rethink the medevac process and eventually yielded a system, on display in Iraq today, which brings surgeons to the wounded rather than vice-versa.

Instead of being confined to hospitals in the rear, doctors now operate on the very edges of the battlefield (ideally within ten miles) in Forward Surgical Teams-- mobile units consisting of between ten and 20 surgeons, anesthesiologists, and nurses, who provide sophisticated care to soldiers like Erickson before they arrive at support hospitals. Moreover, military doctors in Iraq have brought with them equipment that was until recently the exclusive property of major trauma centers here in the United States. Diagnostic imaging machines, traction devices, mobile operating rooms--in Iraq today, this equipment follows closely behind the tanks and armored personnel carriers that Americans ride into battle.

The time that passes before the wounded reach a sophisticated trauma center--that is, a military hospital in Europe or the United States--has been dramatically reduced as well. Hence, a soldier can be passed from a Forward Surgical Team near the point of injury to a Combat Support Hospital behind the lines and then on to Landstuhl, all within 24 hours, as Erickson was. After being stabilized in Germany, the wounded are then flown to Andrews Air Force Base and taken by bus or ambulance to Walter Reed or the National Naval Medical Center in Bethesda, Maryland. During the Vietnam War, the journey often took months. Erickson arrived at Walter Reed a week after being injured.

After rapid evacuation, doctors and patients alike credit body armor--the new Kevlar helmets and ceramic-plated flak jackets--with saving the most American lives in Iraq. Erickson, for example, whose shrapnel wounds track exactly above the neckline of his protective vest, probably wouldn't have survived had the grenade blast penetrated the large blood vessels in his chest. "We've got a tremendous increase in soldiers saying that body armor saved their lives," says Robert Kinney, chief of the individualprotection division of the U.S. Army Soldiers Systems Center in Natick, Massachusetts. "Just look at the wound patterns." Surgeons at Walter Reed and Brooke Army Medical Center in Texas make the same point, noting that about 80 percent of the wounds they have seen from Iraq have been leg and arm injuries.

Leg and arm injuries, of course, kill soldiers, too. Indeed, about half of the battlefield injured who die before reaching a surgeon's table bleed to death, most within minutes of being wounded. Because even helicopters can't fly quickly enough to prevent hemorrhages and blood loss, military physicians in recent years began exploring new methods to stanch bleeding at the point of injury. "For a century, we've just had gauze bandages," says Army Colonel John Holcombe, commander of the U.S. Army Institute of Surgical Research in San Antonio, Texas. "But, in Iraq today, we have improved tourniquets, quick-clot powders, and hemostatic bandages." These bandages, which contain clotting agents and dissolve directly into wounds, arrived on the eve of the Iraq war, and, even now, only the Marines have made full use of them. Erickson, for one, had to make do with a tourniquet.

Still, he survived an attack that, but for his body armor and rapid medical care, would have placed him in a different column--a fact Erickson seems to comprehend better than anyone. Comparing the wounded with the healthy yields a tragic statistic. Comparing them with the dead reveals lives saved by angels on the battlefield. Combat took Erickson's arm. But combat medicine gave him his life.